

A 1906
VOL. XXVII, No. 7

JULY, 1906

The California Medical Journal

D. MACLEAN, M. D., EDITOR.

Published Monthly

San Francisco, Cal.



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CALIFORNIA MEDICAL JOURNAL

Entered at San Francisco Post Office as Second-Class Matter.

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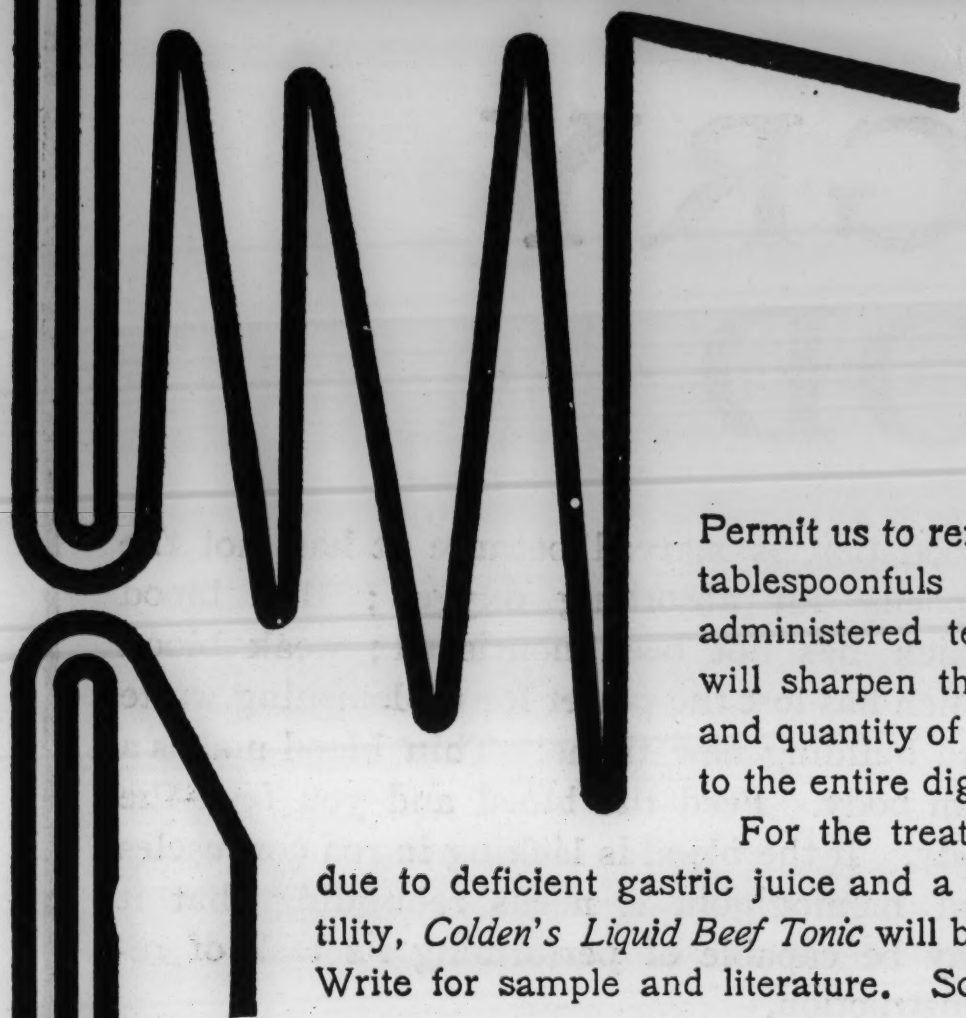
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CALIFORNIA MEDICAL JOURNAL.

VOL. XXVII.

JULY, 1906.

No. 7.

The Heart.

F. G. DE STONE, M. D.

(From a series of lectures delivered by the author.)

I WISH I could interest you sufficiently in the study of this wonderful organ to go more deeply into its mysterious workings; scientists in their effort to understand its arrangement of muscular fibers, nerve and blood supply, the workings of the valves, etc., have formed some fascinating, interesting and instructive theories, but as you have not yet become much enthused over the study of physiology, I shall pass over these to themes of more common interest.

Much speculation centers around the arteries and veins that supply the heart muscle itself (the coronary arteries and veins). It is found that tying one of these vessels, in experiments on animals, causes a slowing of the activities of one side and a corresponding quickening of the opposite side of the heart.

The tying of the artery of one side,

first affects the corresponding ventricle, then the opposite ventricle, and lastly the auricles. If the arteries of the left ventricle be tied, then it slows the blood current in the left side of the heart, and as the right side keeps pumping blood into the lungs, they soon become overfilled as the left side of the heart does not carry it away fast enough; this condition is called œdema of the lungs; this is undoubtedly the reason that persons have choking of the lungs just before death, because the left side becomes weak sooner than the right heart which overfills the lungs with blood causing pulmonary œdema, hence the excessive death rattle.

Sometimes the coats of these little arteries become in aged persons filled with lime salts (called sclerosis) and they have attacks of diminished cardiac activity (weakness of the heart)

altered rythm, or altered pulsation with consequent breathlessness, and there may be sudden loss of consciousness, congestion and œdema of the lungs. These are the cases that death takes place unexpectedly.

Hypertrophy of the left ventricle of the heart may be caused by any thing that obstructs the general systemic circulation. It may be due to calcification (limesalt deposits), atheroma, want of elasticity in the arterial coats, or by aneurism (aneurism is the bursting of the inner or inner and middle coats of an artery making a large sack in the outer coat) or it may be caused by the aortic valves being insufficient to close the opening into the aorta, causing the heart to bear continuously the pressure of the blood in the arteries. The valves in this artery stand in precisely the relation to the heart that the check valve in a pipe above a pump does to a pump. You know when the water is pumped up into a tank or up an incline for a long way a valve is put in the pipe that closes down after each stroke of the pump thus holding the weight of water till the next stroke forces it open. Aneurism in any large artery may cause the left heart to enlarge, and lastly, cirrhosis of the kidneys diminishing the excretion of water in the system may cause it. Stenosis (narrowing of the lumen of an artery) will cause hypertrophy of the left ventricle.

So when you hear of hypertrophy of a part of the heart you know that it has enlarged its muscles to enable it to do more work; when a chamber

gets larger inside without taking on more muscle it is dilatation; this latter condition often occurs after a long strain such as a long run, excessive mental strains will also bring on dilatation. An enlargement of the auricles often results from stenosis (narrowing of the auriculo-ventricular opening) and of the right ventricle when there is a clogging of the lungs as in pneumonia, or when the pulmonary valves are insufficient.

Palpitation of the heart is of interest to nearly every one; it usually represents a very rapid, quick action of the heart, the pulsation often being unequal in time and intensity. It may be due to some organic disease of the heart itself, especially when the muscle is weak, in cases of dilatation and hypertrophy of the left ventricle. It often occurs when there is a lack of blood in the system (anæmic) the blood being thin and diminished in quantity, the heart beats more quickly as there is little resistance opposed to its action. Fatty accumulation around the heart will also cause rapid beating. In nervous persons, excitement, indigestion and irritation of the alimentary tract, in these conditions great quantities of gas are generated, and they press upward and crowd upon the heart; then too excessive acidity of the intestines and stomach causes palpitation by irritating the pneumogastric nerve endings, as this nerve also supplies the heart there is great sympathy between them. Tobacco and many other narcotics cause rapid action of the heart, also by acting upon nerves

that supply it. In fainting (syncope) the patient loses consciousness owing to a sudden arrest of the blood supply to the brain; seeing a man under the bed, will cause an arrest of the heart's action or such rapid action that it fails to pump enough blood to the brain thus causing fainting. Any cause that rapidly or greatly reduces blood pressure such as removing dropsical effusions, or in weakened states the mere raising of a patient to the sitting position may make him faint.

To restore consciousness in these cases keep the head low, dash cold water in the face thus stimulating the fifth nerve; smelling salts also act on this nerve through a branch in the nose.

If the valves of the heart do not close properly it causes a swishing sound as the blood passes back through them called regurgitation and the noise is called a murmur or bruit. Much can be learned of the condition of the patient by an understanding of what an increase or diminishing of the different sounds of the heart are due to; thus increase of the first sound means increased action of the ventricles and a more sudden tension of the valves between the ventricles and auricles. Increase in the second sound shows an increased tension in the pulmonary arteries, an overfilling as in pneumonia.

By rapping the chest (percussion) much can be learned, as the sound tells where the heart lies and if it is enlarged the area over which the sound is dull is increased. As the heart is a solid organ, and is surrounded by

the lungs containing air, it is evident that the sound emitted by striking the chest wall must be different over the heart than that over the lung, not only is the sound emitted different but the feeling of resistance is different, just as one gets a different impression from thrumming on a stone than on a bag of air.

Four methods of examination are used:

1. Inspection; looking at the chest it may be bulged by fluids in the pericardium, or it may be displaced causing irregularity in the shape of the chest.

2. Palpation; by placing the whole hand flat on the chest, we can detect any variation in the apex beat, or detect abnormal pulsations, or whether the beats are in the right place.

3. Percussion, which has already been noted.

4. Auscultation (listening with the ear or an instrument, a stethoscope): This is the most valuable method of all; for by it we can detect variations and modifications in the healthy sounds of the heart, the rhythm and frequency of the heart beats, the existence of abnormal sounds, and their exact relations to normal sounds, also their character and relation to the cardiac cycle, and the direction toward which these sounds are thrown. Now, here is an interesting phenomenon; when the heart is removed from the body, or where all the nerves that pass it are divided, it still beats for some time, so that its movements must depend upon some mechanism situated within itself, and it is be-

lieved that the ordinary rythmical movements of the heart are undoubtedly associated with nerve ganglia which exists in the substance of the heart (the intra cardiac ganglia).

But the movements of the heart are influenced by nerve impulses that reach it from without, therefore both sets of nerves must be studied.

Leprosy, Its Causes Prevention and Cure.

THEODORE JUDSON HIGGINS, M.D., PH. G., M. S.

IN the Journal for October, 1905, page 265, we called particular attention to the fact that the mosquito is a prominent factor in the transmission of leprosy, also that vermin as the pediculus pubis, pulex, etc., might be looked upon as factors. We are pleased to note that there appeared in the S. F. *Examiner* of June 15, 1906, the following confirmatory statement from the pen of so eminent an authority as Dr. W. J. Goodhue—

“Germ of Leprosy.”

“Dr. W. J. Goodhue, Medical Superintendent of the leper settlement at Molokai, Hawaii, who has devoted many years to the study of leprosy, in a letter to a friend in Toronto, says that he has *discovered* the germ of the disease in the mosquito and vermin. Dr. Goodhue was born at Habaskaville, Quebec, October 8, 1869, and is the personal friend of Sir Wilfrid Laurier.”

We reiterate we are glad to see this paragraph, although a copy of the “California Medical Journal” containing my article was mailed to the various leper settlements, boards of control and leper homes spreading the

discovery which we have made as far as possible so that the medical profession of the world might know that there is a system of treatment available for this disease. Subsequent articles have appeared from our pen from time to time, and as fast as possible we have been offering to the profession the results of our humble efforts in this direction. Dr. Goodhue has received from time to time these articles, at least they have been mailed to him. We are prepared to state that we have studied this disease from the standpoint of the bacteriologist, pathologist and clinician and we know that it is curable. We also know that the pathology of the cell as related to disease expression presents a far deeper and wider field for study than has yet been attempted by the average physician. The average bacteriologist and pathologist has been content to study microscopically the disease expression, and microscopically the concomitant vegetable microorganism, which many times, to our way of thinking, exists merely as an abortive attempt on the part of nature to eliminate and break down

the diseased structures so that they may be destroyed or neutralized in the physiological, chemical and electrical processes of cell metabolism. It is a recognized fact that many bacteria do destroy or disorganize forms outside of our bodies which are essentially poisonous to human beings. Now it is only rational that similar conditions should prevail given the proper conditions inside of our somatic organisms.

We boldly state that of all the so-called pathogenic bacteria that there are *five* which we think we have positive evidence to prove their pathogenesis. That all of the pathogenic bacteria, so called, are important factors in disease expression we are glad to admit, but that they are the absolute origin and cause of disease expression, not on you lives. The pathology of the somatic cell and the careful microscopic study as related to disease expression, and the physiological and chemical changes that are taking place under given disease manifestations in the organ or part affected and their relationship, both electrically and chemically to the somatic organism as a whole has not been studied. The effects of therapeutic measures upon the viscera, both permanent and temporary, have never been determined. The hardening of the parenchyma cells of the liver through the too free use of the salts of mercury and the infernal results that follow, has not been taught to students of medicine generally, or there would not be so much indiscriminate use of these powerful agents, and we are

not speaking of mercurials alone, but of all remedial agents. We should study these matters; books should be written bearing upon the pathology of the cell, its relation to the concomitant bacterium and its reaction to therapeutic measures as to whether that reaction tends towards the normal or not. We Eclectics have evolved a system of therapeutics and have learned to give a drug when certain specific chemical reactions within the somatic organism call forth certain indications which clinical experience has determined call for certain reactions within the cells entering into the substance of the diseased part or of the somatic organism, as a whole if you will, and we know that we get certain results whenever we determine the indications correctly. Now if we proceed to study both by chemical analysis and microscopical work to understand just how these reactions take place in the living individual and also by the free use of the postmortem and experiments on the lower animals, we will see and know why, when given conditions are present, we get certain results from the administration of certain therapeutic agents. It is through the study of disease expression from this standpoint and the persistent application of our energies towards obtaining results that is bringing definite returns in the treatment of leprosy. Study the bacteria, you will find them; not only the bacillus of leprosy but you will find the streptococci and the staphylococci and multitudes of other bacteria and they all have a purpose,

and in just so far as we alter the potential in the somatic cells either by chemical, mechanical, electrical, or other therapeutic agencies so that the manifestations of kinetic energy or force are altered towards the normal will these bacteria disappear. We can surely realize that from this point of view the study of pathology, physiological chemistry and bacteriology are hardly conceived as yet. The bacterium is a product of the disease expression. There always exists first an alteration of the normal potential of the cells before the bacterium can exist in a somatic organism. We are constantly surrounded, one may say, in an ocean of bacteria, and yet even in an epidemic when we know that even the drinking water is specially polluted it is only the minority who suffer and the reason is obvious when we understand that certain chemical and electrical affinities have to exist before the disease expression can appear, and, going a little deeper, we might say, that the bacterium itself is a unicellular organism, and we believe that study may eventually develop the fact that it is essentially organized as a result of the retrograde metamorphosis of the higher organs or somatic cells. We all know that in studying bacteria we have to prepare special media and conditions have to be just right, else we fail to successfully cultivate the organisms and at best that our artificial methods are exceeding poor makeshifts, and in our inoculations of animals with pure cultures (so called) we are of necessity compelled

to introduce more or less of the media in which the organisms have developed and it is assumed that the bacterium is the absolute cause of the disease expression thus induced, no account being taken of the fact that a certain length of time elapses during which certain physiological, chemical and electrical changes take place in the cells of the composite organism into which this media is introduced. There is an alteration of cell potential first, then the disease expression and the concomitant development of the bacterium and consequent proliferation thereof.

If there is anything in serum therapy, and we all believe that there is some good to be derived therefrom, these statements which I have just been making should account for some of the obscure reactions derived from the use thereof and for its efficacy. These statements should in part account for the efficacy of antitoxin in the treatment of diphtheria, and for the fact that its early use gives better results than when used late in the disease. We have noted that when used late in the disease it overcomes the bacterium but the patient often dies and all because the somatic cells of all the viscera refuse to functionate, whilst when used early the patient recovers because the degenerative processes have not destroyed the life of the cell and the antitoxin raises the cell resistance, acts physiologically and the patient is saved and all because the cells composing the somatic organism are furnished with food which they are lacking in and which

raises their physiological resistance to the specific retrograde metamorphological changes which are sure to take place if some specific stimu-

lus can not be induced to raise the vital potential in the cell.

To be continued.

Ultra-Violet Ray in Posterior Urethritis.

DR. A. S. TUCHLER, SAN FRANCISCO, CAL.

THIS troublesome complaint is and has been the worry of the physician. When a patient presents himself for treatment and perhaps has been the rounds of several medicos in a period of so many months, or may have been persistently under treatment for about six months or longer with no more progress as to a cure than when he commenced, and still complains about the usual "morning drop;" it is a rather serious problem both to the patient and the doctor; what would be the best means to bring about a cure? The violet-ray does this so nicely and with no damage to the prostate or rupture of the sphincter of the bladder as when the forcible dilating method is practiced. Our method, which has been recommended by Dr. Bennett of Lima, Ohio, is as follows:

Seat the patient on the insulated platform, insert an aseptic glass (Snow) electrode into the bladder, attach it by an insulated cord to the positive side static machine, care being taken that the cord does not touch the patient; ground the negative side of the machine. When the proper connections have been made, start

the machine slowly, the sliding rods nearly touching, gradually increase the speed of the glass plate machine to about 250 revolutions per minute, then separate the sliding rods to one and one-half or two inches, according to the sensitiveness of the patient. Ten to twenty minutes is the usual time of a treatment every other day. Usually from two to four weeks will suffice to effect a cure.

The ultra-violet ray generated in this way is equal to that obtained by any expensive medium or attachment to the static machine. We have treated our patients during a period of three years in this manner and with no desire to change to the usual methods employed.

In prostatic troubles, either enlarged or irritable, this is a most soothing and curative treatment. Should the urethra be too sensitive to tolerate the passage of the electrode, a rectal tube inserted in the rectum and attached as above, will give pleasing results. A couch with glass legs, so that a patient can recline during the treatment, will be somewhat more comfortable to the invalid than the chair.

Prognosis in Typhoid Fever.

L. Carl (*British Medical Journal*, February 4, 1906) discusses the prognosis of typhoid in relation to certain special factors, namely, the rate of the pulse, the agglutinative power of the serum, and the blood pressure. He finds a slow pulse and a high agglutinative power existing contemporaneously are of favorable import, whilst the reverse of this (a quick pulse and low agglutinative power) is serious. The two factors, to have any significance, must exist together. A quick pulse with high agglutinative power may coincide with or indicate a bad attack. The two factors are independent. The blood pressure is as a rule only slightly elevated. In man it seems probable that the cardiac inhibitory centers are specially sensitive to the typhoid toxins, hence the slow pulse and the occasional presence of bradycardia in favorable cases of typhoid. In severe cases the normal sensitiveness of the vagus is more or less lost; hence the quickened pulse, cardiac failure and lower blood pressure.—*Med. Age.*

Surgical Suggestions.

In the performance of the radical operation for breast carcinoma it is important to avoid injury to the periosteum of the ribs.

It is a peculiar fact that many of the cases of tumor of the bladder occur among workers in anilin dyes.

In light narcosis the pupils may dilate reflexly from operative manipu-

lations. This, of course, is not to be confused with the sudden extreme dilatation that occurs when the narcosis has been carried too far.

During the performance of a hernia operation it is often helpful for the anesthetist to allow the patient to react sufficiently to strain into view a sack that has slipped back into the abdomen.

An ointment of beta-naphthol, 10; sulphur, 45; lard, 24; and green soap, enough to make 100 parts, is useful in removing gunpowder not too deeply situated in the skin. It must be employed cautiously, however, to avoid a destructive dermatitis.

The early appearance of fluid after tapping a hydrocele does not necessarily mean that the operation has been a failure; it may be but an inflammatory reaction, subsiding spontaneously or under the application of unguentum iodi.

After all, the localization of bone tenderness is not only the most useful sign in determining the site of a fracture, but, even in the absence of other signs, it is often, in itself, diagnostic of the presence of a fracture. As instances, may be cited green-stick fracture of the clavicle, and fracture of the metacarpal and metatarsal bones.

A light-bearing cystoscope is a handy instrument for the non-specialist to use for transillumination of the accessory sinuses of the nose. Place the tip of the instrument in the patient's mouth and let him close his lips firmly.—*American Journal of Surgery.*

In Summer Complaints

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Of course it will not cure all cases of dyspepsia, but it will be surprising how useful it will prove in so many derangements of the gastro-intestinal tract.

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A superior laxative because it does not impair but improves the digestion—Is a tonic, also astringent.

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Promotes intestinal digestion, converts starch into sugar and dextrose; proteids into peptones; emulsifies fats, digests the casein of milk.

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Think of Alkarhein in acid dyspepsias, flatulent colic, infantile colic, cholera infantum, cholera morbus, diarrhea and all abnormal acid conditions of the alimentary tract. Think of Alkarhein in these cases and prescribe it as thousands of physicians have been doing for many years with the confidence born of experience.

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Editorial.**A Modern Miracle.**

We read that in ancient times water was converted into wine, but some irreverent people claim that it was at the end of the feast, and that the guests were unable to distinguish between wine and water. History informs us that biblical personages partook more of the juice of the grape than was good for their stomach, or their infirmities. This may be true or not.

About this modern miracle there can be no question whatever. The evidence is conclusive. The United States Army and the San Francisco Board of Health vouch for the accuracy of the transformation.

Eight dray loads of whiskey left the Presidio warehouse or the Moulder warehouse, and by the time the consignment arrived at Jefferson Square it was vaseline. A wonderful transformation. A modern miracle. General Greely is sceptical, but not so our Board of Health. Every employee of that Board knows vaseline, but might not know whiskey.

The earthquake played many pranks—produced many changes, but none more wonderful than this. Who had the magician's wand? Who got the

whiskey? Where are the eight dray loads of vaseline? How many dray loads on hand? Who can answer the question? The General of the army or the President or the Board of Health?

The way of the publisher still continues to be a hard and thorny one. Each issue of the Journal leaves us a little more surprised that we have accomplished it. With printer and paper dealer and binder, each promising and trying to do at least four times as much as he possibly can, and with every one's nerves at a tension in consequence, the wonder is that anything is ever done. No doubt the lessons we all learned in times of earthquake and fire, and bread line, stand us in good stead now. Any way we have kept our promise of four pages more for July, and we are correspondingly elated.

As we requested last month, send us your address when you move, and most of you in San Francisco seem to be moving. And may the time soon come when we are all settled again and affairs take their accustomed way. The strenuous life is all very well for a time, but for every day use we would all prefer something more commonplace for a change. We have had trouble enough for the present.

California Medical College.

The Board of Trustees have decided to build. The question of insurance has not yet been adjusted, when it is matters will be rushed. A new site will probably be selected; the present

ground is more valuable than it was a few years ago, and likely to be still more valuable in a few years to come. It is almost in the center of the railroad district. The Santa Fe, the Western Pacific and Ocean road will have their passenger terminals within one or two blocks. The property may be rented and held for a future rise in value. For further information our readers may consult the Eclectic Medical Journal, or the Chicago Medical Times. They appear to be well informed.

Piper Methysticum.

This agent is generally used for its influence on the genito-urinary apparatus. The writer, however, has had no experience in its use in that line. Only in one line have I tested its use, and in that I always have had successful results.

After abdominal operations there is generally an atonic condition of the stomach, with loss of appetite. I know of no agent equal to Piper Methysticum in overcoming this condition. I use it in drop doses every three or four hours. In large doses the agent is claimed to have anæsthesia effect, but in small doses it certainly stimulates the peripheral nerves of the stomach, increasing digestion and assimilation.

The recent death of Dr. J. P. Schmitz is the cause of deep and sincere regret to the many eclectics of this city. He had been the teacher of a large number of them, and his kindly nature always transformed his pupils into personal friends.

Dr. Schmitz was born in Germany in 1834, but came to New York in 1855. After living there and in Chicago he came to San Francisco in 1861, and lived here until his death.

In 1876 he took up the study of medicine and was graduated from the California Medical College in 1880. For many years he was a professor in the college, occupying the chair of physiology. He was also the author of the well known text book on that subject. The doctor enjoyed deserved success in his profession and had devoted himself entirely to his practice during the last few years.

His former colleagues of the California Medical College feel his loss keenly, and desire to express through the Journal their deep sympathy for his family and friends.

Dr. G. G. Gere, has moved to 1031 Filmore

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Drs. Lamb, 1707 O'Farrell

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If your office was burned send to M. J. Brietenbach Co., 53 Warren St., N. Y., for another Bacteriological Wall Chart. It will be sent you free of charge.

A SUCCESSFUL HOUSE.

The Sultan Drug Co. of St. Louis has now been in existence for nearly fifteen years, and its laboratories are under the direct supervision of its president, Mr. F. W. Sultan, a pharmaceutical chemist. Mr. Sultan is a graduate of the Maryland College of Pharmacy, took a special course in quantitative analysis under Professors Simon and Dickery, took the Simon Gold Medal for analytical chemistry in 1884, and has made several achievements in pharmaceutical chemistry, among them Cactina. He was connected with the laboratory of Messrs. Sharp & Dohme, of Baltimore, for nearly ten years, when he organized the Sultan Drug Co. in St. Louis. Mr. Sultan is also Secretary and Treasurer of the Peacock Chemical Co. and is in complete charge of their laboratory. He is justly proud of the critical analysis made of the alkaline bromides found on the English market by Messrs. Helbing and Passmore, the eminent analytical chemists of London, in which it was shown that the salts used in the manufacture of Peacock's Bromides were practically pure and superior to the bromides usually found on the American market. The preparations manufactured by these two houses have always been advertised and offered to the medical profession only in the most ethical

manner, and they are indorsed and used by English speaking physicians as well as in all of the civilized countries of the world.—MEDICAL SENTINAL.

Combines Efficacy with Safety.

In the practitioner's daily life there is ever an opportunity to exhibit an antipyretic and pain reliever, which combines efficiency with absolute safety, for the benefit of his patients and credit to himself. Prior to five years ago, I had used the various antipyretics and analgesics with fear and trembling, feeling that for the decline of every degree of fever the heart suffered in proportion. However, since I have used Antikamnia Tablets I suffer from no fears on the above score.

In conclusion, when a prompt and safe antipyretic and analgesic is indicated, I shall continue to prescribe Antikamnia Tablets alone, or in some of the various combinations, feeling that I shall, in no measure, be disappointed in their immediate results.

R. GRAHAM HEREFORD, M.D.
July 10, 1906.

One of the things we have often said but that is well worth repetition is, that the treatment of the phthisical in summer is of the utmost importance; and that Hagee's Cordial of Cod Liver Oil is the hot season's representative of the fatty oil of the winter. This is more than a pleasant stomach tonic, it is something the wise doctor does not neglect.
Am. Jour. of Clinical Med.

Sanmetto Versus Imitations.

I have used Sanmetto extensively for the last five or six years in both old and young, male and female, in all forms of irritation of the urinary organs, from nocturnal enuresis in the young to cystitis in the aged, and have been disappointed in but few cases in obtaining good results. Have tried imitations (owing to their cheapness). The results were unsatisfactory. Have returned to the use of Sanmetto as a sheet anchor in both acute and chronic conditions of the tract. I obtain speedier and more satisfactory results when given four times a day in drachm doses in hot water.

T. B. GULLIFER, M. D.
Greenburg, Ind.

We have just received a little booklet on Vibratory treatments and do not believe we have ever read a more succinct or logical explanation of the value of vibration and are taking the liberty of quoting from it.

Pathologic action is essentially either interrupted or exaggerated physiologic action. All vital processes are now known to be actuated by vibratory motion of one or another velocity.

In a state of health vital vibrations are rhythmic and therefore harmonious. In disease these vibrations are thrown into discord. Mechanical Vibratory impulses may be made to accelerate vibrations that have been jarred out of rhythm.

What could be more natural than to invoke artificial or mechanical im-

pulses to aid or correct lagging or lacking vital impulses. This indicates the logical and physiological basis of mechanical vibration.

It relieves congestion; it equalizes the circulation; it discusses and disperses exudates, tumors, and morbid growths. It soothes perturbed nerves; it allays pain; it rouses dormant nerve centers; it retards and regulates overactive organs or functions; it relaxes contracted and restores atrophied muscles; it is a sovereign and physiologically legitimate remedy in myalgia, lumbago and the various forms of neuralgia.

It is the best known stimulant of absorption and assimilation. It promptly arouses sluggish lymphatics and keeps them in vigorous activity.

In a word, it stimulates in a legitimate and healthful manner the general metabolism of the body; diffusing a glow over the entire system, and imparting a sense of comfort and well being to which the patient has long been a stranger.

Specifically it is applicable to scores of conditions which the foregoing principles will suggest to every thinking physician, and which therefore need not be mentioned.

The publishers are the Sam J. Gorman Co., 153-159 So. Jefferson St., Chicago, and copies will be sent free on request to them.

Dr. F. J. Petersen is offering his work on *Materia Medica* to the burned out physicians of San Francisco at a greatly reduced price. Those desiring a copy, kindly communicate with this office before August 31st.

Book Notes.

A distinction of no mean degree has been conferred upon an American book, the joint authorship of Drs. J. Madison Taylor and William H. Wells. The revised second edition of their treatise on "Diseases of Children," published by P. Blakiston's Son & Co., of Philadelphia, has been translated into Italian by Dr. Mario Flamini, of the Pediatric Clinic of Rome, with contributions by Prof. Concetti and Dr. Valagussa. The translation has proven very popular abroad, and the occasion was one of felicitation, not only to the authors but to American medicine generally, inasmuch as the work was chosen as being especially adapted to clinical teaching in Italy. Few American books have attained such honor. Its success abroad is but a repetition of the favor which it enjoys here.

Diseases of the Nose, Throat and Ear.

—By Kent O. Foltz, M. D., Professor of Ophthalmology, Otology, Rhinology and Laryngology, in the Eclectic Medical Institute; Consulting Physician to the Seton Hospital; Assistant Editor the Eclectic Medical Journal; Author of a Manual on Diseases of the Eye. 117 illustrations, 12 mo. 643 pp., cloth, \$3.50. The Scudder Brothers Co., Publishers, 1009 Plum Street, Cincinnati, Ohio.

The author not only treats his subjects from the local standpoint, but also from the internal. Writers and practitioners of this specialty

generally ignore internal medication. Professor Foltz emphasizes the necessity of specific diagnosis and specific medication in his treatment. It should be in the hands of every general practitioner as well as the specialist.

Medical Jurisprudence, Forensic Medicine and Toxicology—By R. A. Witthaus, A. M., M. D., Professor of Chemistry, Physics and Toxicology, in Cornell University, and Tracy C. Becker, A. B., LL. B., Professor of Criminal Law and Medical Jurisprudence in the University of Buffalo. Second Edition.

The publication is in four volumes. Muslin, \$6.00, sheep, \$7.00 per volume. This is a most comprehensive work and invaluable as a reference book for the Criminal lawyer and physician.

We commend it to the profession.

THE THIRD REVISED EDITION of DR. OVERALL'S BOOK

(just out) contains three new, original non-operative methods of treating chronic diseases of the Prostate, Urethra, Bladder and the sequels of Stricture, Impotency, Neuresthenia, Gon. Rheumatism, etc., etc. The book stands without a parallel in advanced scientific diagnosis and treatment of these troubles. Many physicians, having read the book, claim that it has been a revelation to them. 258 pages, only \$1. ROWE PUB. CO., 72 Madison St., Chicago.

Relaxation of the Uterus During Curettage.

Gussenbrock (Centralblatt fur Gynakologic) states that usually the uterus relaxes at the beginning of curettement, although he is not sure whether this is due to dilatation of the cervix or to the curettement itself. The soft feeling which was supposed to be due to mucous membrane is due

to this relaxation, and the hard, grating sensation, formerly thought to show that the musculature had been reached, is due to the subsequent contraction of the uterine vessels. In some cases the relaxation is so extreme that the distance to which the curette sinks suggests perforation, and the author reports several such cases, in one of which the sound entered to a depth of 15 centimeters. The author warns against mistaking this condition for perforation and interrupting operations unnecessarily, and against the danger of making a perforation in the relaxed wall, which will harden in a few minutes if the operator pauses.

Traumatic Anthritis of the Knee.

Hoffa (Berliner klinische Wochenschrift) this inflammation is a result either from a series of small contusions or from a severe blow or wrench. It begins as a fibrous hypertrophy of the mass of fat underlying the patella ligament, accompanied by pain and stiffness of the joint. The edges of the synovial membrane may be involved in the inflammation and likewise undergo fibrous hypertrophy, and even give rise by being broken off to free bodies in the joint. Similar conditions following trauma have recently been described in other joints. Treatment consists in massage, and if this fails to give relief, in operative removal of the fibrous masses.

Contracted Muscles of Infantile Paralysis.

Fisher says in the London Medical Lancet, the early state of infantile paralysis, when it is seen that one set

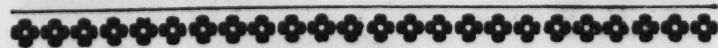
of muscles is in better condition than the opponents, much may be done to prevent the former from becoming intractile. Such movements of the foot upon the leg as will bring the stronger muscles to a full degree of normal relaxation should be practiced regularly. "Passive exercises" are valueless, a due use of the muscles is imperative, and with very young children it requires some little ingenuity to get what is wanted in this respect. Should some intractility of the fibres be already established and the full degree of relaxation not be obtainable, exercises are again to be employed, but no forcible extension of the fibres must be attempted. Gentle handling is very necessary; violent measures will be met by obstinacy. A well contrived appliance can be obtained which will offer resistance to the pull of any one muscle. When such remedial measures fail to prevent the development of intractility or overcome the defect, then tenotomy must be resorted to.—*The Charlotte Medical Journal*.

In cases of hematocolpos and hematometra it is essential to precede all interference by a careful rectal examination in order to determine whether the tubes are distended or not. If hematosalpinx exists a laporatomy and salpingectomy must precede the vaginal operation, otherwise a severe peritonitis may be set up by a reflex discharge of infective secretion from the tubes.—*American Journal of Surgery*.

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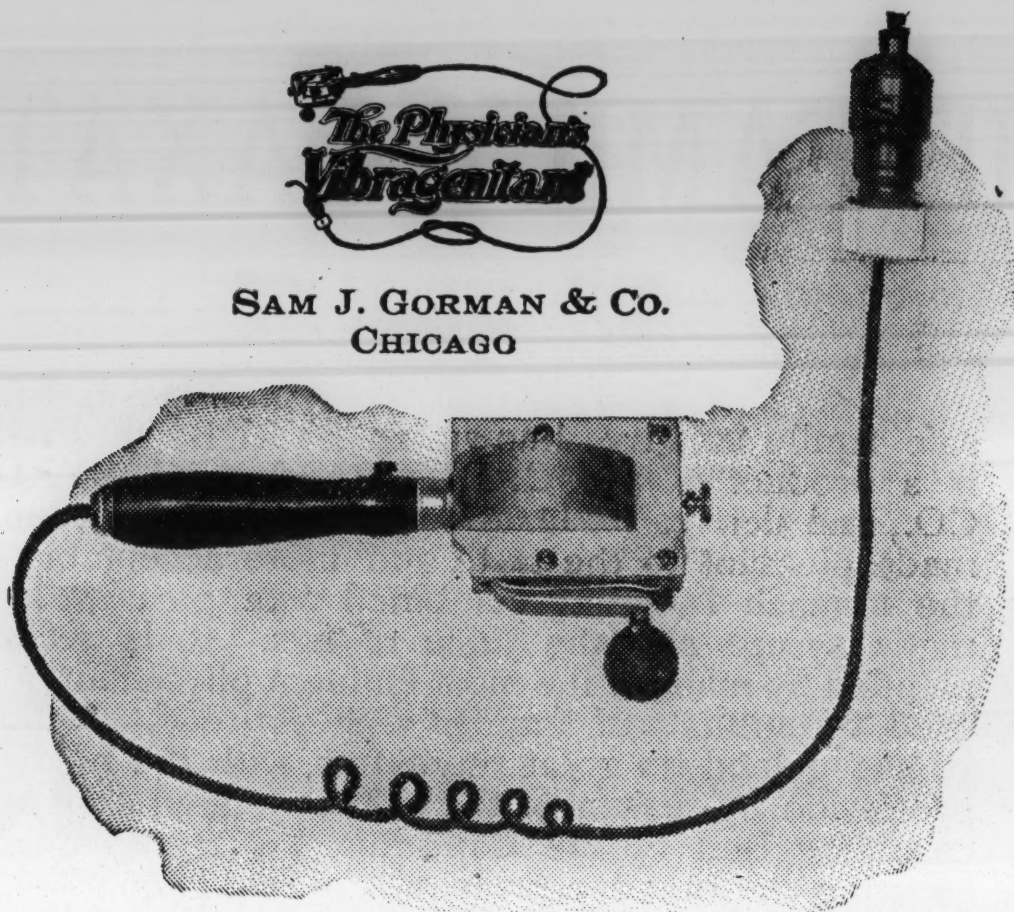
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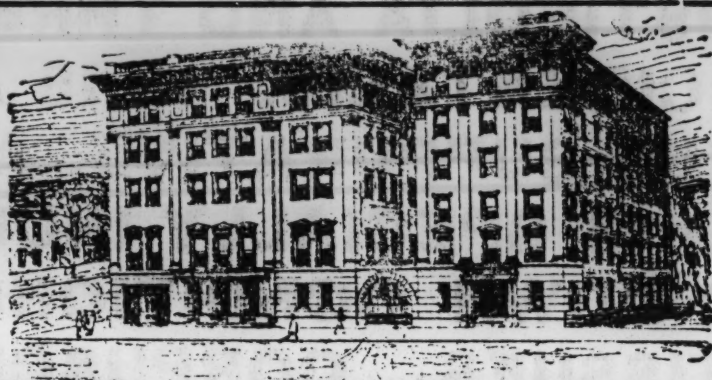
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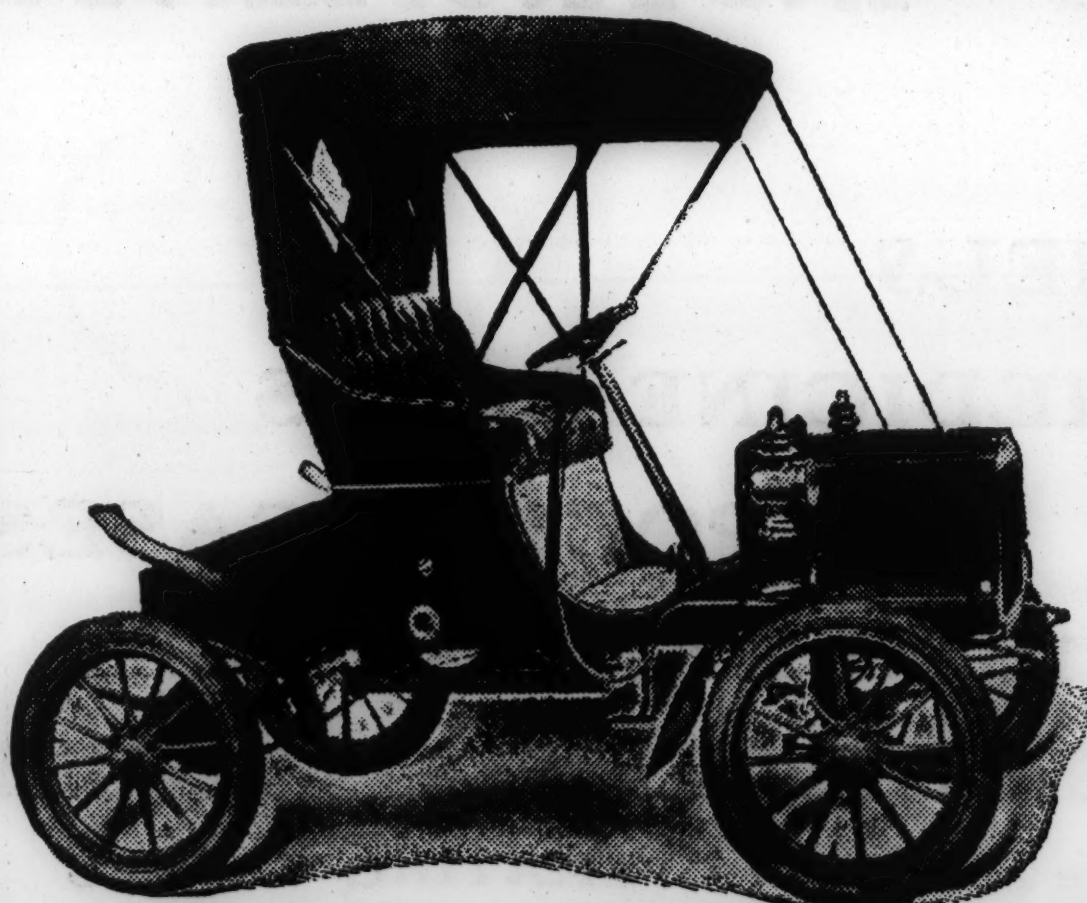
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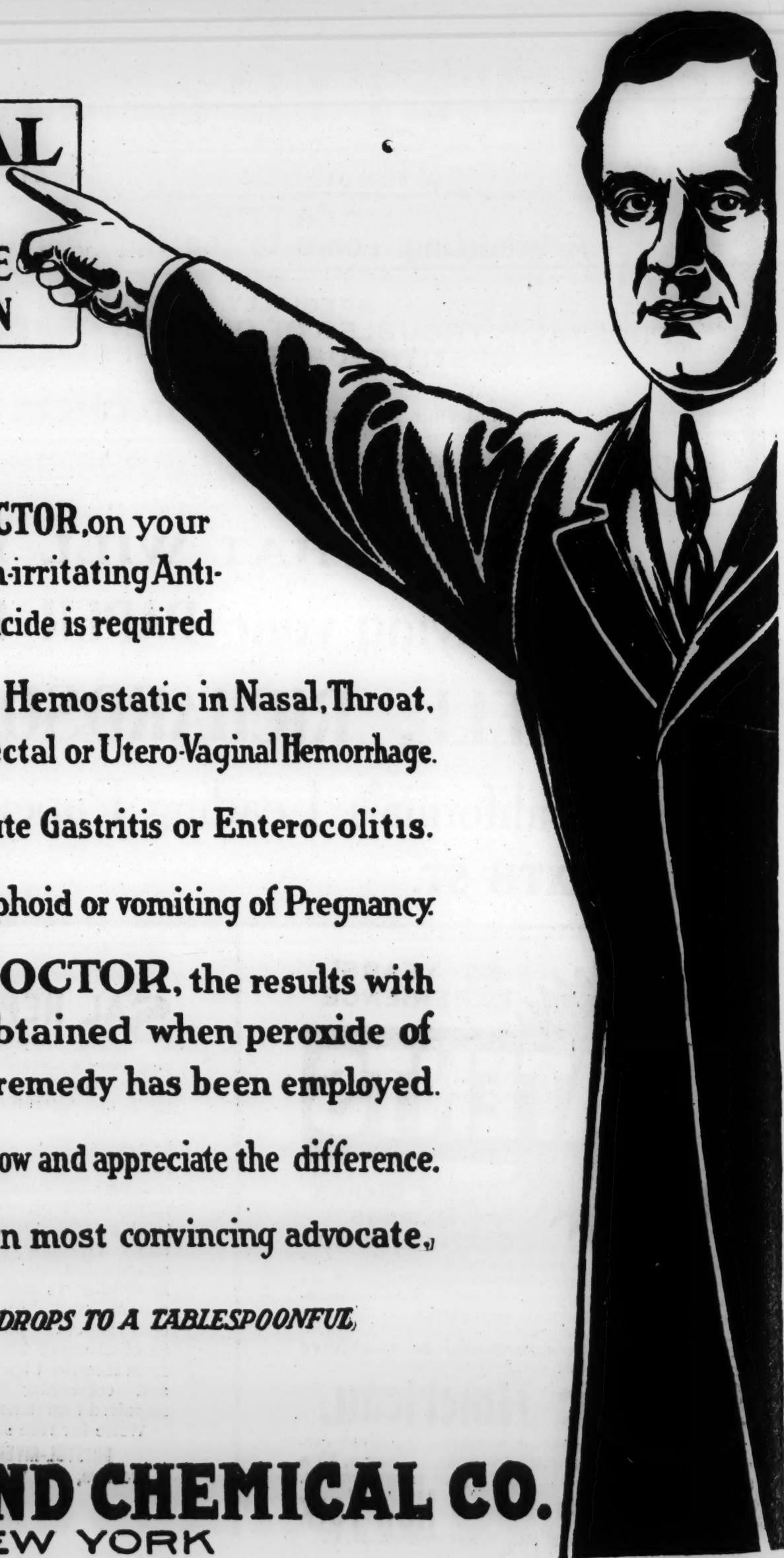
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